

# TEST AND EXAM RECORD

## Type of Test or Exam

Enter Date/Age, Results, and  
Other Information

|  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|
| <p>Newborn Screening (pg. 14)      Date/Age</p> <p>Schedule: Before 7 days old*</p>        |  |  |  |  |  |  |  |
| <p>Blood Pressure (pg. 14)      Date/Age</p> <p>Schedule: Regularly after 3 years old*</p> |  |  |  |  |  |  |  |
| <p>Lead Test (pg. 15)      Date/Age</p> <p>Schedule: First test by 1-2 years old*</p>      |  |  |  |  |  |  |  |
| <p>Vision Test (pg. 16)      Date/Age</p> <p>Schedule: First test at 3-4 years old*</p>    |  |  |  |  |  |  |  |
| <p>Hearing Test (pg. 16)      Date/Age</p> <p>Schedule:*</p>                               |  |  |  |  |  |  |  |
| <p>Dental Visit (pg. 26)      Date/Age</p> <p>Schedule:*</p>                               |  |  |  |  |  |  |  |

\*Discuss your child's specific needs with his or her health care provider.